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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Southern District of Ohio

In re	Jack R. Longwell, Jr.,	Case No. <u>2:1</u>	2:14-bk-57690		
	Deborah A. Longwell				
-		Debtors	Chapter	13	
			•		

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	20,000.00		
B - Personal Property	Yes	3	17,053.50		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		22,675.56	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		1,982.07	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		34,082.91	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			2,697.89
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,106.91
Total Number of Sheets of ALL Schedu	ıles	19			
	To	otal Assets	37,053.50		
			Total Liabilities	58,740.54	

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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Southern District of Ohio

In re	Jack R. Longwell, Jr.,	Case No	2:14-bk-57690	
	Deborah A. Longwell			
_		Debtors	Chapter	13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	1,982.07
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	1,982.07

State the following:

Average Income (from Schedule I, Line 12)	2,697.89
Average Expenses (from Schedule J, Line 22)	2,106.91
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	1,135.81

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		2,675.56
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	1,982.07	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		34,082.91
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		36,758.47

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Filli	n this information to identify your c	ase:			
Deb	tor 1 Jack R. Lon	gwell, Jr.		_	
	tor 2 Deborah A.	Longwell		_	
Unit	ed States Bankruptcy Court for the	: SOUTHERN DISTRIC	T OF OHIO	_	
Cas	e number 2:14-bk-57690			Che	eck if this is:
(If kn	own)				An amended filing
					A supplement showing post-petition chapter 13 income as of the following date:
	ficial Form B 6I				MM / DD/ YYYY
Sc	chedule I: Your Inc	ome			12/13
spot	ise. If you are separated and you th a separate sheet to this form.	ır spouse is not filing wi	th you, do not include infor	mation abo	th you, include information about your ut your spouse. If more space is needed, number (if known). Answer every question
1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status*	■ Employed		■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed		☐ Not employed
	employers.	Occupation	Disabled		Cashier
	Include part-time, seasonal, or self-employed work.	Employer's name			Chapter Square Tanning
	Occupation may include student or homemaker, if it applies.	Employer's address			Bridgeport, OH 43912
	• •		-		Bridgeport, Ori 43912

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

Since September 2014

*See Attachment for Additional Employment Information

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 252.63

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 0.00 \$ 252.63

Official Form B 6I Schedule I: Your Income page 1

ebtor 2	Deborah A. Longwell	_	Case nu	umber (<i>if known</i>)	2:14-bl	c-57690
Co	opy line 4 here	4.	For D	9ebtor 1 0.00		btor 2 or ing spouse 252.63
00	opy line 4 here	٦.	Ψ	0.00	Ψ	232.03
Lis	st all payroll deductions:					
5a	•	5a.	\$	0.00	\$	21.49
5b		5b.	\$ <u> </u>	0.00	\$	0.00
5c	· ·	5c.	\$ <u> </u>	0.00	\$	0.00
5d 5e		5d. 5e.	\$	0.00	\$	0.00
5f.		5f.	\$ <u> </u>	0.00	\$ <u></u>	0.00
5g	5	5g.	<u>\$</u> —	0.00	\$	0.00
5h	•	5h.+	· \$—	0.00	· -	0.00
	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ \$	0.00	\$	21.49
	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	231.14
		•	Т —	0.00	Ψ	231.14
Lis 8a	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.5	Φ.	0.00	C	0.00
8b	monthly net income. Interest and dividends	8a. 8b.	\$ <u> </u>	0.00	\$	0.00
8c			* <u></u>	0.00	\$ \$	0.00
8d		8d.	\$ <u> </u>	0.00	\$ <u> </u>	0.00
8e		8e.	<u>\$</u>	1,303.00	\$	0.00
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00
8g	Pension or retirement income	8g.	\$	0.00	\$	244.54
8h	Second Job \$1,121.25 less taxes a. Other monthly income. Specify: \$90.91 and PERS \$111.13	8h.+	· \$	0.00	+ \$	919.21
Δα	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	- 9.	\$	1,303.00	\$	1,163.75
,	ad an other mounts rad mice during root out out out of the	0.		1,303.00		1,103.73
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1,	303.00 + \$	1,394	\$
Inc oth Do	ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your her friends or relatives. o not include any amounts already included in lines 2-10 or amounts that are not pecify:	depen			•	edule J. 11. +\$ <u>0.</u>
Wı	dd the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certapplies					12. \$ 2,697.
						Combined monthly incom

Yes. Explain: Mrs. Longwell started a new job with the Bridgeport Water Department and her first paycheck is expected on November 5, 2014. Counsel will file an amended Schedule I at that time.

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Debtor 1 Debtor 2 Deborah A. Longwell, Jr.

Debtor 2 Deborah A. Longwell Case number (if known)

Case number (if known)

2:14-bk-57690

Official Form B 6l Attachment for Additional Employment Information

Spouse		
Occupation	Secretary at Water Department	
Name of Employer	Village of Bridgeport	
How long employed	Since October 2014	
Address of Employer	Main Street	
	Bridgeport, OH 43912	

Official Form B 6I Schedule I: Your Income page 3

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Fill	in this info	rmation to identify yo	our case:					
Deb	tor 1	Jack R. Long	gwell, Jr.			Che	eck if this is:	
							An amended filing	
Deb	tor 2	Deborah A. I	Longwell					wing post-petition chapter
(Spo	ouse, if filing	g)					13 expenses as of	the following date:
Unit	ed States B	Sankruptcy Court for the	: SOUTH	HERN DISTRICT OF OHIO			MM / DD / YYYY	
Cas	e number	2:14-bk-57690					A separate filing fo	r Debtor 2 because Debtor
(If kı	nown)					_	2 maintains a sepa	
Of	fficial	Form B 6J						
		le J: Your	_ Exper	ises				12/13
Be	as comple ormation.	ete and accurate as	possible eded, atta	. If two married people ar ich another sheet to this				
Par		escribe Your House	hold					
1.	Is this a	joint case?						
		So to line 2.						
	Yes.	Does Debtor 2 live	in a separ	ate household?				
	1	No						
	[☐ Yes. Debtor 2 mus	st file a sep	parate Schedule J.				
2.	Do you	have dependents?	■ No					
	Do not lis Debtor 2	st Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not s	tate the						□ No
	depende	ents' names.						☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.	expense	expenses include es of people other t f and your depende	han $_{oxdotsim}$	No Yes				1 103
Est exp app	imate you enses as dicable da	of a date after the late.	our bankr bankrupto	ly Expenses uptcy filing date unless y y is filed. If this is a supp	elemental <i>Schedule</i> J			
the	value of s	such assistance an	d have inc	cluded it on Schedule I: Y	our Income		Your exp	enses
4.		tal or home owners		ses for your residence. In or lot.	nclude first mortgage	4.	\$	0.00
	If not in	cluded in line 4:						
	4a. Re	eal estate taxes				4a.	\$	30.00
		operty, homeowner's	s, or renter	's insurance		4b.		135.83
		ome maintenance, re				4c.	\$	75.00
	4d. Ho	omeowner's associat	tion or con	dominium dues		4d.	·	0.00
5.	Addition	nal mortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

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Debtor 1	Jack R. Longwell, Jr.	0	2:14-bk-57690
ebtor 2	Deborah A. Longwell	Case number (if known)	4. 14-NK-J/ UJU
. Utiliti	ies:		
6a.	Electricity, heat, natural gas	6a. \$	315.00
6b.	Water, sewer, garbage collection	6b. \$	86.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	271.00
6d.	Other. Specify:	6d. \$	0.00
Food	and housekeeping supplies	7. \$	400.00
	care and children's education costs	8. \$	0.00
-	ing, laundry, and dry cleaning	9. \$	90.00
	onal care products and services	10. \$	30.00
	cal and dental expenses	11. \$	72.00
	·	π. Ψ	72.00
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12. \$	350.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
	itable contributions and religious donations	14. \$	0.00
5. Insur	•	· · · · · · · · · · · · · · · · · · ·	0.00
	of include insurance deducted from your pay or included in lines 4 or 20.		
	Life insurance	15a. \$	45.00
15b.	Health insurance	15b. \$	109.08
15c.	Vehicle insurance	15c. \$	78.00
	Other insurance. Specify:	15d. \$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		0.00
Speci		16. \$	0.00
•	Ilment or lease payments:		0.00
	Car payments for Vehicle 1	17a. \$	0.00
	Car payments for Vehicle 2	17b. \$	0.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	
			0.00
	payments of alimony, maintenance, and support that you did not report a cted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$	0.00
	r payments you make to support others who do not live with you.	\$	0.00
Speci		19.	0.00
•	r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>		
	Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	
			0.00
. Other	r: Specify: Pet Food and Care	21. +\$	20.00
2. Your	monthly expenses. Add lines 4 through 21.	22. \$	2,106.91
The r	esult is your monthly expenses.		
	ulate your monthly net income.	<u>-</u>	
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,697.89
	Copy your monthly expenses from line 22 above.	23b\$	2,106.91
			2,.00.0.
23c.	Subtract your monthly expenses from your monthly income.		
_00.	The result is your <i>monthly net income</i> .	23c. \$	590.98
For ex	ou expect an increase or decrease in your expenses within the year after y tample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage?	rou file this form? ur mortgage payment to incre	ease or decrease because of a
☐ Ye Expla	the state of the s		

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Southern District of Ohio

In re	Jack R. Longwell, Jr. Deborah A. Longwell		Case No.	2:14-bk-57690	
		Debtor(s)	Chapter	13	

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief.			21
Date	December 24, 2014	Signature	/s/ Jack R. Longwell, Jr. Jack R. Longwell, Jr. Debtor	
Date	December 24, 2014	Signature	/s/ Deborah A. Longwell Deborah A. Longwell	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Joint Debtor